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CONFIRMATION NO. 3015

SERIAL NUMBER 09/936,921	FILING OR 371(c) DATE 09/24/2001 RULE	CLASS 495 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO.
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APPLICANTS

Didier Raoult, Marseille, FRANCE;
 Bernard La Scola, Rousset, FRANCE;
 Marie-Laure Birg, Marseille, FRANCE;
 Florence Fenollar, Marseille, FRANCE;

** CONTINUING DATA *****

This application is a 371 of PCT/FR00/00754 03/24/2000

** FOREIGN APPLICATIONS *****

FRANCE 99/03989 03/26/1999
 FRANCE 99/06679 05/21/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
FRANCE	4	28	3

ADDRESS

Oliff & Berridge
 PO Box 19928
 Alexandria, VA22320

TITLE

Diagnosis of whipple's disease

FILING FEE RECEIVED 1004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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